

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351297
<015>	Study Area Name	HEART OF IOWA COMM.
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Bryan Amundson
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6414862211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	executive@heartofiowa.coop

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice)	<div style="border: 1px solid black; height: 50px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 50px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440>	Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	<div style="border: 1px solid black; height: 50px; width: 100%;"><p>3512971a510.pdf</p></div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	<div style="border: 1px solid black; height: 50px; width: 100%;"><p>3512971a610.pdf</p></div> (attached descriptive document)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	<div style="border: 1px solid black; height: 50px; width: 100%;"><p>3512971a1010.pdf</p></div> (attach descriptive document)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351297
<015>	Study Area Name	HEART OF IOWA COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Bryan Amundson
<035>	Contact Telephone Number - Number of person identified in data line <030>	5414862211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/> (yes / no) <input type="radio"/> <input type="radio"/>
<111>		

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing \$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

351297i a112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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[illegible]

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

1/1/2014
16.0

	Residential Local Service Charge Effective Date
<701>	Single State-wide Residential Local Service Charge
<702>	

[illegible]

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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Bryan Amundson
<035>	Contact Telephone Number - Number of person identified in data line <030>	641.4862211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

<910> Tribal Land(s) on which ETC Serves	
--	--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

[illegible]

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
<922>	Feasibility and sustainability planning;
<923>	Marketing services in a culturally sensitive manner;
<924>	Compliance with Rights of way processes
<925>	Compliance with Land Use permitting requirements
<926>	Compliance with Facilities Siting rules
<927>	Compliance with Environmental Review processes
<928>	Compliance with Cultural Preservation review processes
<929>	Compliance with Tribal Business and Licensing requirements.

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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☐

 Please check this box to confirm no terrestrial backhaul
 options exist within the supported area pursuant to § 54.313(G)

☐

 Please check this box to confirm the reporting carrier offers
 broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

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<1210> Terms & Conditions of Voice Telephony Lifeline Plans**Name of Attached Document****<1220> Link to Public Website**

HTTP <http://home.heartofiowa.net/wp-content/uploads/2013/09/Lifeline-Information-for-Website.pdf>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:



<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	<input type="checkbox"/>
<2011>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	<input type="checkbox"/>
<2013>	2013 Frozen Support Certification	<input type="checkbox"/>
<2014>	2014 Frozen Support Certification	<input type="checkbox"/>
<2015>	2015 Frozen Support Certification	<input type="checkbox"/>
	2016 and future Frozen Support Certification	<input type="checkbox"/>
<2016>	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	<input type="checkbox"/>
	Certification Support Used to Build Broadband	<input type="checkbox"/>
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e))	<input type="checkbox"/>
<2018>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2019>	5th year Broadband Service Certification	<input type="checkbox"/>
	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481
OMB Control No. 3060-0886/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351297
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<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.org

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

(3018) If the response is no on line 3014, is your company audited?

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

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 July 2013

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: HEART OF IOWA COMM.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/26/2014
Printed name of Authorized Officer: Bryan Amundson	
Title or position of Authorized Officer: General Manager	
Telephone number of Authorized Officer: 6414862211 ext.	
Study Area Code of Reporting Carrier: 351297	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

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<039> Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

THIS SECTION REDACTED – FOR PUBLIC INSPECTION IN ITS ENTIRETY

ATTACHMENT - LINE 112

CERTIFICATION OF HEART OF IOWA COMMUNICATIONS COOPERATIVE

STATE OF IOWA

COUNTY OF HARDIN

I, Bryan Amundson, General Manager, Heart of Iowa Communications Cooperative, being of lawful age and duly sworn, depose and state:

Heart of Iowa Communications Cooperative, 351297, certify that all federal high-cost support provided to Heart of Iowa Communications Cooperative within Iowa was used in the preceding calendar year [2013] and will be used in the current calendar year [2014] and coming calendar year [2015] only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. In addition, Heart of Iowa Communications Cooperative certifies that it will comply with applicable service quality standards and consumer protection rules, certifies that it is able to maintain a minimum of two hours of backup power to ensure functionality without an external power source, certifies that it is offering a local usage plan comparable to that offered by the ILEC in the relevant service areas, and certifies that it acknowledges that the FCC may require it to provide equal access to long distance carriers in the event that no other eligible carrier is providing equal access within its ETC designated service area. As an eligible telecommunications carrier, Heart of Iowa Communications Cooperative agrees to provide timely responses to Board requests for information related to the status of local voice service markets or facilities.

I further state that I am authorized by Heart of Iowa Communications Cooperative to make this statement.

/s/Bryan Amundson
[authorized officer]

Subscribed and sworn to before me this 20 day of June, 2014

/s/Jenny Pekarek
Notary Public

CERTIFICATION OF HEART OF IOWA COMMUNICATIONS COOPERATIVE

STATE OF IOWA

COUNTY OF HARDIN

I, Bryan Amundson, General Manager, Heart of Iowa Communications Cooperative, being of lawful age and duly sworn, depose and state:

Heart of Iowa Communications Cooperative, 351297, certify that all federal high-cost support provided to Heart of Iowa Communications Cooperative within Iowa was used in the preceding calendar year [2013] and will be used in the current calendar year [2014] and coming calendar year [2015] only for the provision, maintenance, and upgrading of facilities and services for which the support is intended. In addition, Heart of Iowa Communications Cooperative certifies that it will comply with applicable service quality standards and consumer protection rules, certifies that it is able to maintain a minimum of two hours of backup power to ensure functionality without an external power source, certifies that it is offering a local usage plan comparable to that offered by the ILEC in the relevant service areas, and certifies that it acknowledges that the FCC may require it to provide equal access to long distance carriers in the event that no other eligible carrier is providing equal access within its ETC designated service area. As an eligible telecommunications carrier, Heart of Iowa Communications Cooperative agrees to provide timely responses to Board requests for information related to the status of local voice service markets or facilities.

I further state that I am authorized by Heart of Iowa Communications Cooperative to make this statement.

/s/Bryan Amundson
[authorized officer]

Subscribed and sworn to before me this 20 day of June, 2014

/s/Jenny Pekarek
Notary Public

(710) Broadband Price Offerings
Data Collection Form

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<015> Study Area Name

HEART OF IOWA COMM.

<020> Program Year

2015

<030> Contact Name - Person USAC should contact regarding this data

Bryan Amundson

<035> Contact Telephone Number - Number of person identified in data line <030>

6414862211 ext.

<039> Contact Email Address - Email Address of person identified in data line <030>

executive@heartofiowa.org

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service Download Speed (Mbps)	Broadband Service Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
	IA	Albion	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Perguson	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Green Mountain	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Haverhill	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Laurel	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Liscomb	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	New Providence	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Union	49.95	0.0	49.95	10.0	5.0	0.0	Other, No limit on usage allowance
	IA	Conrad	49.95	0.0	49.95	10.0	1.0	0.0	Other, No limit on usage allowance
	IA	Eldora	49.95	0.0	49.95	10.0	1.0	0.0	Other, No limit on usage allowance
	IA	Steamboat Rock	49.95	0.0	49.95	10.0	1.0	0.0	Other, No limit on usage allowance
	IA	Albion	69.95	0.0	69.95	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	Perguson	69.95	0.0	69.95	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	Green Mountain	69.95	0.0	69.95	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	Haverhill	69.95	0.0	69.95	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	Laurel	69.95	0.0	69.95	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	Liscomb	69.95	0.0	69.95	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	New Providence	69.95	0.0	69.95	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	Union	69.95	0.0	69.95	20.0	10.0	0.0	Other, No limit on usage allowance
	IA	Albion	99.95	0.0	99.95	30.0	15.0	0.0	Other, No limit on usage allowance
	IA	Perguson	99.95	0.0	99.95	30.0	15.0	0.0	Other, No limit on usage allowance

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351297
<015>	Study Area Name	HEART OF IOWA COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Bryan Amundson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6414862211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop

[illegible]

**(800) Operating Companies
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	351297
<015>	Study Area Name	HEART OF IOWA COMM.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Bryan Amundson
<035>	Contact Telephone Number - Number of person identified in data line <030>	6414862211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	executive@heartofiowa.coop
<810>	Reporting Carrier	Heart of Iowa Communications Cooperative
<811>	Holding Company	
<812>	Operating Company	

[illegible]

Voice Services Rate Comparability

Heart of Iowa Communications Cooperative's retail monthly residential local service rate is \$22.50.

THIS SECTION REDACTED – FOR PUBLIC INSPECTION IN ITS ENTIRETY

ATTACHMENT - LINE 3017